

STATE OF COLORADO
Department of State

1700 Broadway, Suite 270
Denver, CO 80290



Gigi Dennis
Secretary of State

Patti Fredrick
Director, Colorado HAVA

Attn: Silvia Davis
County Clerk and Recorder

COUNTY: PITKIN

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Coordinated Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

<u>Make/Model</u>	<u>Type</u>	<u>Use:</u>	<u>Serial #</u>	<u>Location Used:</u>	<u>Race Name to Audit:</u>	<u>Machine Count:</u>	<u>Manual/Hand Count:</u>	<u>Canvass Board Initials</u>
Accuvote OS	Scanner	Absentee Central Count	83793	530 E Main Street #101	Referendum D - Yes	16	16	JRM, OKT
Accuvote OS	Scanner	Absentee Central Count	83793	530 E Main Street #101	Proposed Aspen Historic Park & Recreation District Referendum 5D - Yes	16	16	JRM, OKT
Accuvote OS	Scanner	Absentee Central Count	83793	530 E Main Street #101	Referendum D - No	13	13	JRM, OKT
Accuvote OS	Scanner	Absentee Central Count	83793	530 E Main Street #101	Proposed Aspen Historic Park & Recreation District Referendum 5D - No	11	11	JRM, OKT
Accuvote OS	Scanner	Poll Place	86683	Colorado Mtn College	Aspen School District1(RE) Referendum 3A - No	61	61	JRM, OKT
Accuvote OS	Scanner	Poll Place	86683	Colorado Mtn College	Aspen Valley Hospital Referendum 5A - No	71	71	JRM, OKT
Accuvote OS	Scanner	Poll Place	86683	Colorado Mtn College	Aspen Valley Hospital Referendum 5A - Yes	134	134	JRM, OKT
Accuvote OS	Scanner	Poll Place	86683	Colorado Mtn College	Aspen School District1(RE) Referendum 3A - Yes	148	148	JRM, OKT

For Internal Use Only

E-mailed by (name): _____

Email Date and Time: _____

Email Address: _____

(Attach copy of E-mail)

Faxed by (name): _____

Faxed Date and Time: _____

Fax Number: _____

(Attach copy of fax confirmation)

Phone Number: _____